

Study Aims

- 1. Determine if the PREVAIL peer mentorship intervention is effective for reducing suicide attempts and thoughts of suicide among recently hospitalized adult psychiatric patients at high risk for suicide.
- 2. Examine whether the PREVAIL peer mentorship intervention leads to an increased sense of hope and belongingness among these high-risk patients.
- 3. Identify barriers and facilitators to implementing the PREVAIL intervention in health care systems.

Background

Suicide is a leading cause of death for all age groups in the United States. The suicide rate in the U.S. has been steadily rising for years; in 2016, nearly 45,000 people died by suicide.¹

For every suicide death, approximately 25 times as many people attempt suicide per year, resulting in emergency department visits or hospitalizations.²

In 2016, the rate of suicide among Veterans was 1.5 higher than that of non-Veterans, when adjusted for age and gender.⁹

Veterans' suicide risk is 5 times higher during the 3-month period following psychiatric hospitalization than any other period of care.¹⁰

Both the U.S. Surgeon General's action plan for suicide prevention and the Department of Veterans Affairs' strategic plan for preventing Veteran suicide recommends both community-based prevention strategies (i.e., increasing awareness and access to crisis services) and targeted treatment programs.^{3, 11} However, few suicide prevention interventions have been shown to be effective for high-risk adults, and even fewer have been widely adopted by health systems.^{4, 5}

Why Peer Mentorship?

Peer mentors are individuals who have lived experience with a mental health condition, have achieved stable recovery, and who incorporate their personal experiences into providing support to others currently experiencing mental health challenges.⁶

Peer mentors have been shown to be as effective as traditional providers in treating post-partum depression, and in providing case management.^{7, 8}

The VHA and other organizations emphasize the important role of peer specialists in mental health treatment, particularly when it comes to instilling hope and recovery management skills. Access to peer support services for Veterans with serious mental illness has been nationally implemented by the VHA.^{13, 14}

Effectiveness and Implementation of a Peer Mentorship Program (PREVAIL) to Reduce Suicide Attempts Among High-Risk Adults

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Methods

Peer Mentors

• The PREVAIL intervention is delivered by Peer Support Specialists who are certified by the state of Michigan, have at least one year of professional peer experience, and have participated in a 3-day training on the study intervention.

Recruitment

- Single-blind, randomized controlled trial recruiting up to 490 participants from two inpatient psychiatric units: (1) Michigan Medicine Adult Inpatient Psychiatry and (2) Henry Ford Kingswood Hospital
- Patients are eligible to participate if they:
 - 1. Are age 18 years or older (because peer mentors are all adults)
 - 2. Are currently admitted to an inpatient psychiatric unit and have medical record documentation of suicidal ideation or suicide attempt at the time of admission
 - 3. Have a Beck Suicide Scale score of 5 or higher for the 1-week period prior to admission
 - 4. Are fluent in English (because peers are all English-speaking)
 - 5. Are able to be reached reliably by telephone

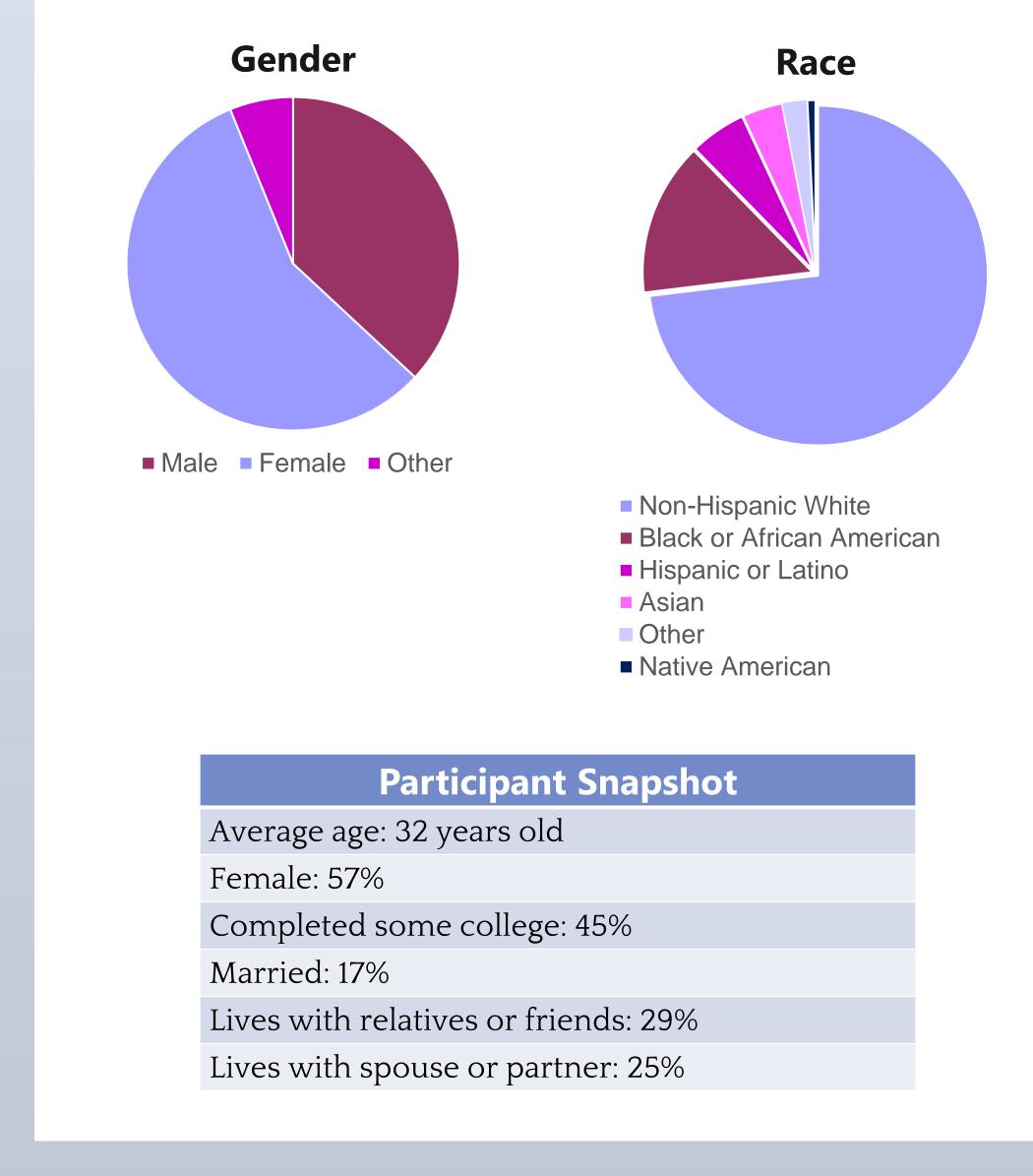
Participants are randomly assigned to one of two study arms:

Arm 1: Enhanced Usual Care Patients receive a caring contact from researchers 48-72 hours after hospital discharge, and continue with their usual care. Arm 2 - Peer Mentorship A Peer Specialist makes weekly contact with study participants by phone or in the community for 3 months to deliver the PREVAIL peer mentorship intervention. 3 Month Follow-Up Assessment

6 Month Follow-Up Assessment

- Participants in the Peer Mentorship arm select which peer they will work with after reading short biographies prepared by study peers.
- All peer mentorship sessions are audio recorded, and researchers review a random selection of 20% of each peer's audio recordings to assess fidelity to the intervention.

Demographics



Progress to Date

130 participants have been enrolled to date. 121 participants reported a history of suicidal behavior (actual, interrupted, or aborted attempt) at the time of enrollment (93%).

65 participants have been randomized to the Peer Mentorship arm. On average, participants in the Peer Mentorship arm meet with their peer 6 times over the course of 3 months.

Outcome Assessment

- Participants complete two follow-up assessments, at 3 and 6 months, to self-report suicidal thoughts and behavior, self-efficacy to avoid suicidal behavior, symptoms of depression, social support, sense of hope, burdensomeness, quality of life, and utilization of health care services.
- Researchers also collect medical record data to further assess suicidal behavior during study participation.
- 66 participants have completed the 3 month assessment (72.5%) and 36 have completed the 6 month assessment (66.5%).



Impact

The PREVAIL intervention, if found to be effective and applied in the VA setting, could offer a supplemental treatment option to Veterans following discharge from inpatient psychiatric care – a time when Veteran suicide risk is particularly high.¹⁰

If effective, the PREVAIL intervention would represent the first rigorously studied peer specialist-based mentorship program to reduce suicidal thoughts or behaviors among those at the greatest level of risk.

References

- 1. Centers for Disease Control and Prevention (CDC). Vital Signs. June, 2018. Available from: https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf
- 2. Centers for Disease Control and Prevention (CDC). Suicide Facts at a Glance. 2015 [cited 2017 January 8]; Available from: https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet_a.pdf
- 3. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Alliance for Suicide Prevention. National strategy for suicide prevention: Goals and objectives for action. Washington, DC. September 2012.
- 4. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. Lancet Psychiatry. 2016:3(7):646-59.
- 5. Mann JJ, Apter A, Bertolote J, Beautrais A, Currier D, Haas A, et al. Suicide prevention strategies A systematic review. Jama-Journal of the American Medical Association. 2005;294(16):2064-74.
- 6. Davidson L, Chinman M, Sells D, Rowe M. Peer support among adults with serious mental illness: a report from the field. Schizophrenia Bulletin. 2006;32(3):443-50.
- 7. Dennis CL, Hodnett E, Kenton L, Weston J, Zupancic J, Stewart DE, et al. Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. Br Med J. 2009;338.
- 8. Solomon P, Draine J. The efficacy of a consumer case-management team 2-year outcomes of a randomized trial. Journal of Mental Health Administration. 1995;22(2):135-
- 9. U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention. VA national suicide data report, 2005-2016. [cited 2019 April 22]; Available from: https://www.mentalhealth.va.gov/docs/data-
- sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf
- 10. Valenstein M, Kim HM, Ganoczy D, et al. Higher-risk periods for suicide among VA patients receiving depression treatment: Prioritizing suicide prevention efforts. Journal of Affective Disorders. Jan 2009;112(1-3):50-58.
- 11. U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention. National strategy for preventing Veteran suicide, 2018-2028. [cited 2019 April 22]; Available from: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide pdf
- 12. President's New Freedom Commission. Achieving the Promise: Transforming Mental Health Care in America (New Freedom Commission Final Report). Rockville, MD: Freedom Committee: 2003.
- 13. U.S. Department of Health and Human Services S. National Consensus Statement on Mental Health Recovery [Internet]. Available from:

 http://mentalhealth.sambsa.gov/publications/allpubs/sma05-4129/
- 14. U.S. Department of Veterans Affairs. Uniform mental health services in VA medical centers and clinics: VHA handbook 1160.01 [Internet]. Department of Veterans Affairs; 2008. Available from:
 - http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762

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